

days prior to the event (s).

County of Fairfax, Virginia

To protect and enrich the quality of life for the people, neighborhoods and diverse communities of Fairfax County

APPLICATION TO OPERATE AN EXEMPT YOUTH ATHLETIC CONCESSION STAND

This form is to be completed and returned to the Fairfax County Health Department at least ten

(Name of League)

(Location Name of Proposed Food Stand - name of park, pool, school, etc.)

(Address of Proposed Food Stand)

LIST THE EVENTS, DATES AND TIMES THE FOOD STAND WILL OPERATE:

NAME OF EVENTS	DATES FOOD STAND WILL OPERATE	DAYS OF THE WEEK	TIMES OF OPERATION
		SMTWRFS	0.200
		SMTWRFS	

Fairfax County Health Department

Division of Environmental Health Food Safety Section 10777 Main Street, Suite 111, Fairfax, VA 22030 Phone: 703-246-2444 TTY: 711 Fax: 703-385-9568 www.fairfaxcounty.gov/hd



LIST ALL FOOD ITEMS TO BE OFFERED AT THE CONCESSION STAND:

FOOD AND BEVERAGES	WHEI	RE PREPARED
	(ON-SITE	E, RESTAURANT,ETC)
LIST NAME OF VOLUNTEER(S) THAT HAVE CO	OMPLETED A FOOD S.	AFETY WORKSHOP:
I have read and understand the requirements of Establishments, of the Fairfax County Code reg concession stand. I understand that the Health youth athletic concession stand if the stand is for	arding operation of c Department may cea	nn exempt youth athletic se operation of an exempt
Applicant Signature		
Print Applicant Name		
Applicant Mailing Address	City	Zip
Daytime Phone # ()	Fax # ()	